

# 2015 COTA Conference Registration Form

Date Taken: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ AM ☐ PM

By: ☐ DR ☐ ML ☒ JC ☐ \_\_\_\_\_

Date Entered: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ AM ☐ PM

BY: \_\_\_\_\_ (Initial)

## Demographic Information (\* indicates a required field)

Last Name*		First Name*		Middle Name or Initial*	
Date of Birth*					
Institution*					
Title*					
Street Address*					
City*		State*		Zip*	
Phone #*					
Email Address*					

## Registration Information (\* indicates a required field)

Registration Fee*	\$ _____
Dietary Restrictions	
Method of Payment*	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> IOF <input type="checkbox"/> Purchase Order <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
If you are registering a group by credit card, please contact Diana Rehagen at 314-516-6590.	Card Holder Name _____
	Card Number _____ Expiration Date _____

Attending (please check):                      Pre-conference only 2/12/2015                      Main conference only 2/13/2015                      Both

## Instructions

Make checks payable to: **COTA Conference**

**Please use the following steps to complete your registration.**

**1. Print a copy of this form and mail it to:**

University of Missouri-St. Louis  
1 University Blvd.  
JC Penney-Suite 302  
St. Louis, MO 63121-4400  
Attention: Diana Rehagen

**2. Email a copy of this form to [amy.werner@dhe.mo.gov](mailto:amy.werner@dhe.mo.gov).**

**3. If you want to receive an invoice for the registration fee, please submit a Purchase Order with this registration form.**